

State Veterans Home (SVH) Corrective Action Plan
Col. Robert L. Howard State Veterans Home Domiciliary (Freedom Court)
February 15 – 16, 2024

Important: Attestation by the SVH leadership, including the SVH nurse leader, of actions to assure timely completion of goals and establishment of oversight to assure continued improvement in areas identified for correction. The Corrective Action Plan (CAP) should include input from all levels of staff and affected resident(s), as is applicable and appropriate, impacted by the issue identified. This CAP is intended to become a source towards Quality Assessment and Assurance.

State the Issue Identify the Regulation and Findings	Address how corrective action will be accomplished for those residents found to be affected by the deficient practice (Actions should align with Quality Assessment and Assurance fundamentals)	Address how the SVH will identify other residents having the potential to be affected by the same deficient practice	Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur	How does the SVH plan to monitor its performance to make sure that solutions are sustained (Actions should align with Quality Assessment and Assurance)	Proposed Completion Date (i.e. when corrective action will be fully implemented and sustained)
§ 51.140 (h) Sanitary Conditions The facility must: 1. Procure food from sources approved or considered satisfactory by Federal, State, or local authorities. 2. Store, prepare, distribute, and serve food under sanitary conditions; and 3. Dispose of garbage and refuse properly.	1. Dietary Supervisor corrected food temperatures issues immediately on 2/16/2024. Dietary Supervisor re-cooked food, temped food prior to serving and re-temped food 15mins later to ensure temp was holding. 2. Dietary Supervisor and Manager educated on Food Temperature Policy by Assistant Administrator on 3/13/2024. 3. Immediate education of dietary staff initiated by Dietary Supervisor on 2/16/2024 regarding food temperatures and process of temping food. Education to be completed of dietary staff by Dietary Supervisor and or Designee by 4/5/2024. 4. Dietary Cook competencies to be completed with cooks, by Dietary Supervisor and or designee to include return demonstration by 4/5/2024. 5. There were no residents who had an adverse effect. There were no residents	Veterans who receive meals from the domiciliary kitchen have the potential to be affected.	1. Dietary Supervisor corrected food temperatures issues immediately on 2/16/2024. Dietary Supervisor re-cooked food, temped food prior to serving and re-temped food 15mins later to ensure temp was holding. 2. Dietary Supervisor and Manager educated on Food Temperature Policy by Assistant Administrator on 3/13/2024. 3. Immediate education of dietary staff initiated by Dietary Supervisor on 2/16/2024 regarding food temperatures and process of temping food. Education to be completed of dietary staff by Dietary Supervisor and or Designee by 4/5/2024. 4. Dietary Cook competencies to be completed with cooks, by dietary supervisor and or designee to include return demonstration by 4/5/2024. 5. The Director of Dietary and or designee will continue to review meal temperatures daily x 4 weeks then 3 x per week x 4 weeks to ensure standards are being carried out. The findings of these audits will be presented to the Quality Assessment and Assurance	The facility will implement the following monitoring system: 1. The Director of Dietary and or designee will continue to review meal temperatures daily x 4 weeks then 3 x per week x 4 weeks then weekly x 4 weeks, with a target of 100% compliance, to ensure standards are being carried out. The findings of these audits will be presented to the QAA Committee as a PIP project to ensure continued compliance. The log will continue to be reviewed during routine QAA meetings.	5/31/2024

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	identified who had any adverse effect related to food service.		6. (QAA) Committee as a PIP project. Dietary Manager and or designee will continue to provide this education in initial orientation.		
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- This Corrective Action Plan is to be electronically submitted to the Pod-specific National SVH Program Manager for Quality and Oversight